



Smile for a Lifetime of the Ozarks Foundation  
DONATION SUBMISSION FORM

Name of Chapter: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Chapter Contact: \_\_\_\_\_

Chapter Orthodontist: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

Received from: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Please submit to:  
Jennifer James, Volunteer Director  
Smile for a Lifetime of the Ozarks Foundation  
181 North Kentucky, Suite 300  
West Plains, MO 65775